

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1				
3	1					
4		1		1		
5		1		2		
6		1		2		
7		1		2		
8		1		2		
9		1		2		
10		1		2		
11		1				
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50						
TOTAL IND.	2		1			
TOTAL DEP.	13		13			
TOTAL CLAIMS	15		14			

PTO-875 (REV. 11-88)

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

U.S. DEPARTMENT OF COMMERCE